

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Humane Society Legislative Fund Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511-6311

Purpose of Disbursement
Political Contribution- Convention 2014

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: House Senate President
State: CT District: 03
Disbursement For: 2014
 Primary General
 Other (specify) **Convention2014**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

Transaction ID : **BF4E6C77F3D2F4C418D0**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Jared Huffman

Office Sought: House Senate President
State: CA District: 02
Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	4

Transaction ID : **BC87EF3AF4D6846968D8**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Kurt Schrader

Office Sought: House Senate President
State: OR District: 05
Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : **BA4C3B1EBAAE04E2B9A1**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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